TO ORDER TESTS FOR THE CADET PROGRAM 1. Please fill out the following.		TO ORDER THE SPAATZ EXAM 1. Please fill out the following.							
a. Unit Charter Number:		Cadet's Name		CAPSN		Unit Cha	rter		
b. Mark the test that you are requesting. We will mail to your unit address two copies of each test ordered. Local reproductions of the testing materials are authorized as long as test contr		Cadet's Full Address							
procedures, found in CAPR 50-4, <i>Test Administration and Security</i> , are followed.		Cadet's Date of Birth Eaker Award Da		te Cadet's Te		s Telephone	elephone Number		
☐ CAPT 16-2 - Leadership Tests (All Phases) ☐ CAPT 62 - Aerospace Tests (Phases I & II) ☐ CAPT 63 - Aerospace Tests (Phases III & IV) ☐ CAPTs 64/64a - Mitchell Test & Key ☐ CAPTs 65/65a - Earhart Test & Key		2. Please sign below and mail this form to your wing liaison office. The wing liaison official (LO or LNCO) will contact the cadet to arrange a testing date. The wing liaison official will send this card to HQ CAP/CPR after testing.							
2. Please sign below and mail this form back to the address indicated on the reverse. The signature will be verified with the current CAPF 53, <i>Signature Verification Card</i> , on file at National Headquarters. You may fax this form to (334) 953-6699. By signing, you are certifying that you will receive, store, safeguard, and supervise the testing materials in accordance with CAPR 50-4.		Signature of Unit Commander Date 3. The wing liaison official will complete the following. a. This is Spaatz test number:							
		Date Exam Scc ed	Exam Numb	s Aeros	ace Leade	ship I	Essay	C! FT	
		I certify that this cadet has met all of the prerequisites for this award.							
Signature of Unit Commander Date	-	Signatur	re of Wing Lia	ison Official		_	Date	;	
CAPF 55a, May 99 PREVIOUS EDITIONS WILL NOT	Γ BE USI	ΞD			C	PR/RC	OUTING	: CPC	
						PLAC	E 1ST		
						CLASS	STAMP		
						HE	ERE		

REQUEST FOR EXAMINATION(S)

HQ CAP/CPR 105 SOUTH HANSELL STREET, BLDG 714 MAXWELL AFB AL 36112-6332